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The Editorial Board will be glad to receive and consider for publication letters containing information of general interest to physicians throughout the State or presenting constructive criticisms on controversial issues of the day.

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The Angiographic Diagnosis of Gastrointestinal Bleeding

Diagnosis of the site of gastrointestinal hemorrhage is often difficult. The usefulness of selective arteriography in locating the source of gastrointestinal bleeding has been demonstrated. Bleeding as slow as 0.5 ml per minute has been localized in experimental animals. Selective angiography is particularly useful in determining bleeding sites in sections of the gastrointestinal tract which are difficult to endoscope—the small intestines and colon. In 27 patients with acute rectal hemorrhage and noncontributory sigmoidoscopy, selective angiography demonstrated a bleeding point in 18. In 13 patients, the hemorrhage was secondary to diverticulosis and in 12 of the 13 the bleeding was located to the right of the splenic flexure. Precise localization of the offending diverticulum allowed the surgeon to perform segmental colon resection. Selective arteriography is often the only effective way of diagnosing the source of chronic colonic and small intestinal bleeding caused by arterial-ve-

nous malformations. In one study three-quarters of the patients had a laparotomy which failed to reveal A-v malformations that were subsequently viewed when selective angiography was used. Bleeding from the second and third parts of the duodenum is difficult to localize by endoscopy and barium roentgenography, but bleeding stress ulcers in the mid-distal duodenum may be readily localized angiographically.

The value of selective catheterization in the bleeding patient with varices is two-fold. Angiography may demonstrate a nonvaricocoe source of hemorrhage, such as an ulcer. If no source of arterial hemorrhage is found, and portal hypertension with collateral varicocoe channels is demonstrated, selective vasopressin infusion through the arterial catheter will often control the active varicocoe hemorrhage.

GEORGE S. HARELL, M.D.

RONALD A. CASTELLINO, M.D.

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The community was willing to first "go through channels" to get help, and it found that people were receptive. The energy broke through the bureaucratic barriers of the government as the community applied for grant after grant. While bureaucrats within the system were saying, "Guadalupe will never be considered for this program," Guadalupe was saying, "We not only will be considered, we will be chosen." And by channeling this positive energy in the right direction, Guadalupe has received incredible support. As Daly City's Mayor Bernard Lycett said as he was giving the clinic permission to rent the former City Hall building, "A year ago we didn't think you'd make it, but you have not only made it, you now have a whole building."

The heroes and heroines of the Guadalupe story are too numerous to name. Each board member has contributed significantly to the progress of the health center. Each patient has given us the reason and the energy to continue. Each staff person has given much more than could reasonably be expected of himself or herself. The provider community has stood always ready with technical assistance, material support, and genuine good will. As Guadalupe prepares to make the transition from a free clinic to a self-supporting primary health care delivery system, we will keep these contributions in mind so that we too will not become inaccessible or unacceptable to the population we are committed to serve.

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tities of unauthorized industrial chemical wastes. There has not been enough time, money or manpower available to monitor the sites.

Thermal decontamination by incineration and autoclaving is used to process most infectious materials and wastes. The California Administrative Code requires that infectious wastes from hospitals be incinerated or disposed of as directed by the local health officer and most such materials are destroyed by on-site incineration. It is known that on occasions when incineration equipment becomes overloaded or fails to work properly, such materials are sometimes brought to the local general refuse disposal site, often without knowledge of the site operator. Another problem is that few incinerators currently on the market can economically process medical wastes yet comply with air pollution control regulations. The increasing amount of plastic disposables in hospital waste and the increasingly restrictive air pollution regulations have compounded the problem. More stringent regulations for the temporary storage of infectious wastes in hospitals and nursing homes are now under consideration.

A recent law (AB 254) amended the Health and Safety Code to authorize destruction of hypodermic syringes and needles by grinding and disposal in sewerage systems where such disposal is authorized by the agency with jurisdiction over the system. It also permits infectious wastes (defined as any material or article which may have been exposed to contagious or infectious disease), human tissues or recognizable anatomical human remains to be disposed of by interment, incineration or any other method which the State Health Department determines

to protect the public health, instead of requiring as in the past that disposition be by interment or incineration only.

Storage and disposal of hazardous wastes from physicians' offices present the same problems as those in hospitals and nursing homes. Physicians may store wastes in garbage cans. If they are not tightly closed, flies may transmit disease organisms by contact with infectious wastes. Animals may overturn cans and scatter their contents. Children are sometimes attracted to needles, syringes, and other hazardous wastes. Refuse collectors have reported that overloaded waste cans tend to spill, so that they must handle infectious hazardous materials.

The Department, therefore, urges that physicians break or otherwise render unusable all needles and syringes before disposal and that they put infectious and other medical wastes in plastic bags which can be tied securely. If possible, bags awaiting collection should be stored in a locked container. Wastes that cannot safely be flushed to the sewer should be taken to a sanitary landfill rather than to an open dump.

The Department recommends a thorough physical examination of new employees at hazardous waste disposal facilities, with periodic medical check-ups thereafter. The physician should be alerted regarding the kinds of materials to which an employee may have been exposed so that appropriate diagnostic procedures can be undertaken for occupational diseases. Under California law, physicians are required to report cases of occupational diseases or injuries.

102nd Annual Session
California Medical Association
March 10 to 14, 1973
Disneyland Hotel
Anaheim

ARTICLE III—GOVERNMENT OF THE
ASSOCIATION
PART A—HOUSE OF DELEGATES—COMPOSITION
SECTIONS 1, 2, 4

Constitutional Amendment 6-72 Committee G

Introduced by: E. Kash Rose, M.D.

Resolved: That Article III, Part A, Section 1, be amended by adding a new sub-section (g) which reads as follows: (g) *Delegates elected by duly enrolled medical students in good standing at accredited schools of medicine in California;* and, be it further

Resolved: That Article III, Part A, Section 2, be amended by adding the words in italics, to read as follows:

As the Bylaws shall further provide, the duly enrolled medical students in good standing at each accredited school of medicine located in California shall be entitled to elect one delegate from each such school; and, be it further

Resolved: That Article III, Part A, Section 4, be amended by adding the words in italics, to read as follows:

Delegates and alternates elected from each school of medicine shall serve for a term of one year.

ACTION: *Tabled for one year. To be acted upon at the 1973 meeting of the House of Delegates.*

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Full program information will appear in the January issue.

A list of some of the distinguished out-of-state speakers participating in Section Meetings and Special Conferences follows:

• *Allergy*

John E. Salvaggio, M.D., Department of Internal Medicine, Tulane University School of Medicine, New Orleans

• *Anesthesiology, Otolaryngology*

John Tucker, M.D., Professor of Otolaryngology and Bronchoesophagology, Hahneman Medical College, Philadelphia

• *Chest Diseases, Internal Medicine*

Juro Wada, M.D., Professor of Surgery, University of Medicine, Sapporo, Japan; Visiting Professor, Thoracic Surgery, Vanderbilt University School of Medicine, Nashville, Tennessee

Albert Starr, M.D., University of Oregon Medical School, Portland

• *Chest Diseases, Industrial Medicine*

LeRoy Lapp, M.D., Chief, Medical Research Branch, Appalachian Laboratory for Occupational Respiratory Diseases, Department of HEW, US Public Health Service, Morgantown, West Virginia

I. J. Selikoff, M.D., Mount Sinai School of Medicine of The City University of New York, New York City

George H. R. Taylor, AFL-CIO Standing Committee on Safety and Occupational Health, Washington, D.C.

• *General Practice*

Robert Brittain, M.D., Inter-Hospital Education Association, Englewood, Colorado

Harold Cross, M.D., Promis Clinic, Hampden Highlands, Maine

• *General Practice, Plastic Surgery*

Paul Daines, M.D., Coordinator, NRMP Intermountain District for Continuing Medical Education, Montpelier, Idaho

• *General Surgery*

Edward R. Woodward, M.D., Professor and Chairman, Department of Surgery, University of Florida College of Medicine, J. Hillis Miller Health Center, Gainesville

• *Obstetrics and Gynecology*

Paul C. MacDonald, M.D., Professor and Chairman, Department of Obstetrics and Gynecology, University of Texas Southwestern Medical School at Dallas

• *Ophthalmology*

Eugene R. Folk, M.D., Associate Professor of Ophthalmology, Abraham Lincoln School of Medicine, University of Illinois, Chicago; Attending Ophthalmologist on the Motility Service, Illinois Eye and Ear Infirmary, Skokie

• *Orthopedics, Pediatrics, Radiology*

Walter P. Blount, M.D., Emeritus Clinical Professor of Orthopedics, Medical College of Wisconsin, Milwaukee

Fred Silverman, M.D., Professor of Radiology, University of Cincinnati College of Medicine

• *Pediatrics*

Alan K. Done, M.D., Bureau of Drugs, Food and Drug Administration, Washington, D.C.

• *Physical Medicine and Rehabilitation*

Jerome Gersten, M.D., Professor and Chairman, Department of Physical Medicine and Rehabilitation, University of Colorado Medical Center, Denver

• *Cancer Symposium*

Alfred S. Ketcham, M.D., Clinical Director and Chief of Surgery Branch, National Cancer Institute, Bethesda, Maryland

Alando J. Ballantyne, M.D., Associate Professor of Surgery, University of Texas Medical School at Houston; Surgeon, Head and Neck, Department of Surgery, M. D. Anderson Hospital and Tumor Institute, Houston

Harry S. Goldsmith, M.D., Samuel D. Gross Professor of Surgery; Chairman, Department of Surgery, Jefferson Medical College, Philadelphia.

• *Alcoholism/Dangerous Drugs Conference*

Karl J. Deissler, M.D., Luzern, Switzerland

Roger O. Egeberg, M.D., Special Assistant to the President on Health Affairs; Secretary of HEW on Health Matters, Department of Health, Education and Welfare, Office of the Secretary, Washington, D.C.

R. Edward Quass, M.D., Tucson, Arizona

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